

ROUTING SLIP FOR INVOICES

DATE December 15, 2017

CONTRACTOR Caring to Love

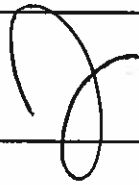
CFMS 2000224936

MONTH OF SERVICE

November
October-2017

TO LeBlanc

INITIAL REVIEW



DATE

12/21/17

FSPS2 REVIEW

DATE


Program Manager 1/2



DATE

12/21/17

POSTED TO SPREADSHEET



SENT TO FISCAL

12/22/17

EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

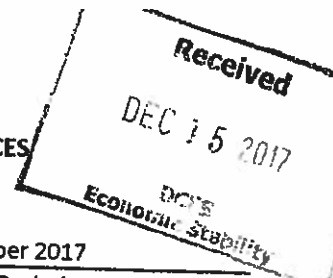
COMMENTS:

no adjustments

tanf Database will be updated
as soon as my computer decides
to cooperate



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form



Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

November 2017

Service Period

719685 *2000224936*

Contractor/PO#

2000 224936-1117

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$ 72,960.00	\$ 4,480.00	\$ 19,063.94	\$ 23,543.94	\$ 49,416.06	
FRINGE BENEFITS	\$ 10,309.44	\$ 698.82	\$ 2,909.87	\$ 3,608.69	\$ 6,700.75	
TRAVEL	\$ 1,080.00	\$ 214.20	\$ 561.82	\$ 776.02	\$ 303.98	
OPERATING SERVICES	\$ 60,370.56	\$ 2,222.90	\$ 13,061.40	\$ 15,284.30	\$ 45,086.26	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 6,487.50	\$ 28,337.50	\$ 34,825.00	\$ 59,375.00	
OTHER CHARGES	\$ 434,880.00	\$ 40,230.00	\$ 132,635.00	\$ 172,865.00	\$ 262,015.00	
EQUIPMENT/ACQUI- SIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 19,000.00	\$ 23,750.00	\$ 33,250.00	
TOTALS	\$ 730,800.00	\$ 59,083.42	\$ 215,569.53	\$ 274,652.95	\$ 456,147.05	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis
Signature of Authorized Contractor Representative and Title

President/CEO

12/12/2017

Date

DCFS Invoice Number	FOR DCFS USE ONLY				
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

224936
1117

line 2

Program
Compliance
Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Dora Thomas
Signature and Title of Authorized DCFS Official

12/21/17

Jeanne LeBlanc
12/21/17

Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

December 14, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
October 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, our November 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of November 2017.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

I wish you and Merry Christmas and Happy New Year!

I remain,



Dorothy Wallis
Program Administration
Caring to Love Ministries



Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc
- One Copy
- Cover Letter
- Cost Reimbursement Invoices for November 2017
- Section A: Salary
- Section B: Fringe
 - FICA
 - LCTA – Worker Compensation
- Section C: Travel
- Section D: Operating Expenses
 - Cancelled Checks and Wire Transfers
- Section E: Communicate
- Section F: Professional services
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers
- Section G: Other Charges – Coordinated Prenatal Care Services
 - Subcontractors' Front Page and Wire Transfer
- Section I: Indirect Costs- Project Administrative
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)
- TANF –MOS Report November 2017

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

Partner: Caring to Love Ministries
 Initiative: Alternatives to Abortion PO# 2000 224936 [06-30-18]
 Reporting Month: November 2017

Performance Period

Amount Appropriated: \$ 730,800.00

Monthly Invoices: \$ 59,203.42

YTD Amount: \$ 274,772.95

Highlights & Deviations: One of our highlights is our "e-communique newsletter" it is a tool to encourage and promote resources and information to clients and providers related to best practices in prenatal care and quality assurance.
Corrective Actions for Deviations: Services were offered in utilizing temporary facilities. Care Pregnancy Clinic received assistance through the temporary use of mobile units from Illinois, Minnesota, and Ohio. An RV was donated to Care Pregnancy Clinic by Minnesota. CTLM also activated its media and marketing campaign to promote service availability in impacted areas. Also served as a disaster relief site giving baby essentials as needed.
Ongoing Obstacles: The historic flooding of August 2016 directly impacted the delivery of services. CTLM administrative and clinics were both flooded resulting in displacement of office operations including the loss of equipment, supplies, resources and of course access to the facility. This also included limited or new access to internet and cellphone use. Other areas such as Livingston Parish was also directly impacted affecting the previously projected service delivery to those areas.
Major Activities In Next Period: Continue with promoting the
Goals & Objectives: Exceed our Performance Targets

Performance Delivery

Component Name	Yearend Target	YTD Total Served	YTD New Served	Total Served This Month	New Served This Month	Notes
Take Application	2580	956	956	211	211	

Task Status

Task Name	Status	Activity Notes
(1) Quality Assurance	On Schedule	To ensure adherence to program service delivery requirements, compliance visits are conducted monthly to review.
(2) Project Staff and Consultant Meetings	On Schedule	To assess program activities and other core functions; regular meetings are conducted in house, via webinars and via conference calls
(3) Abstinence Education	On Schedule	To inform, educate and empower TANF eligible adolescents and young adults (aged 13 to 21 years) to make informed healthier life choices.
(4) Home Outreach Support Services	On Schedule	To provide TANF eligible expectant mothers, their male partners, and families with information, referral and access to needed medical, nutritional, social, emotional, educational, developmental and other appropriate prenatal health care services.
(5) Know for Sure Calls	On Schedule	TOTAL ACTIVITY 343: 215 calls; 43 ABV calls; 22 ABV appointments; 63 chats PARISHES: Baker 3, Baton Rouge 186, Clayton 1, Denham Springs 6, Gonzales 2, Houma 1, Lafayette 1, Laplace 1, Mandeville 1, Metairie 1, Natchez 1, New Orleans 3, New Roads 2, Pineville 1, Plaquemine 2, White Castle 1, Zachary 1, 63 chats OUT OF STATE COUNTIES: Baltimore, MD 1, Mc Henry, MS 1
(6) Google Ad's	On Schedule	3500 Impressions times users saw our listing in search

Performance Indicators

Performance Indicator	Unit of Measure	PI Target	PI Actual	DEV	PI Actual Number	Year End Target	Year End Actual	Year End DEV	Reason for Deviation
Take Application	NUMERIC	215	211	-4	N/A	2580	956	1624	Affected by the flood
Pregnancy Test	NUMERIC	225	224	-1	N/A	2700	843	1857	Affected by the flood
Negative Pregnancy Test	NUMERIC	42	53	11	N/A	504	248	256	Target Exceeded
Abstinence Education	NUMERIC	42	53	11	N/A	504	257	247	Target Exceeded
Counseling	NUMERIC	190	239	49	N/A	2280	874	1406	Target Exceeded
Referral	NUMERIC	160	171	11	N/A	1920	700	1220	Target Exceeded
Health Risk Assessment	NUMERIC	160	202	42	N/A	1920	794	1126	Target Exceeded
Care Plan Development	NUMERIC	140	158	18	N/A	1680	707	973	Target Exceeded
Ongoing monitoring	NUMERIC	140	125	-15	N/A	1680	515	1165	Affected by the flood
Family Support	NUMERIC	89	80	-9	N/A	1065	463	602	Affected by the flood
Home Outreach Support	NUMERIC	38	44	6	N/A	456	221	235	Target Exceeded
Birth Outcomes	NUMERIC	34	39	5	N/A	408	224	184	Target Exceeded

Approved

*Approval Date

x

12/12/2017

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LIFE CHOICE PROJECT

e-choice



Inside the Issue

PREGNANCY & THE HOLIDAYS

6 Tips for Pregnant Women Due During the Holiday.
p. 01

PROVIDERS CORNER

Retained Placenta. What is it? Are you at risk? How can you treat it?
p. 02

DADS AND PREGNANCY

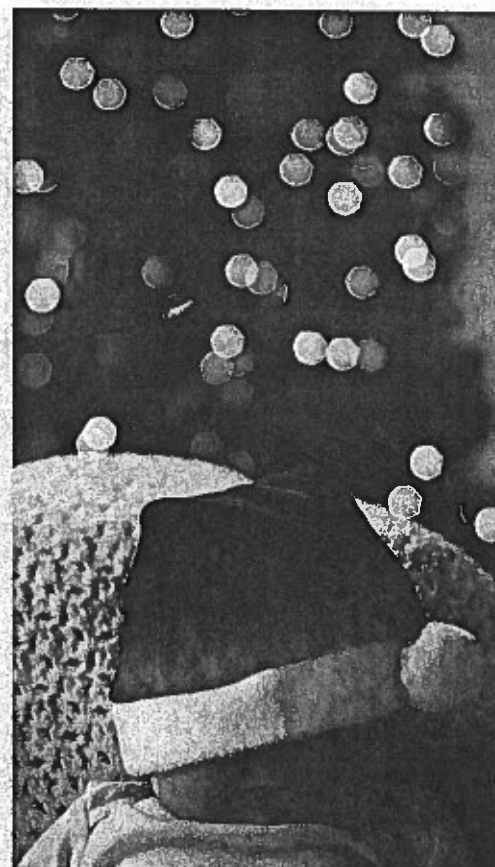
3 Tips to help new dads manage the holiday.
p. 02

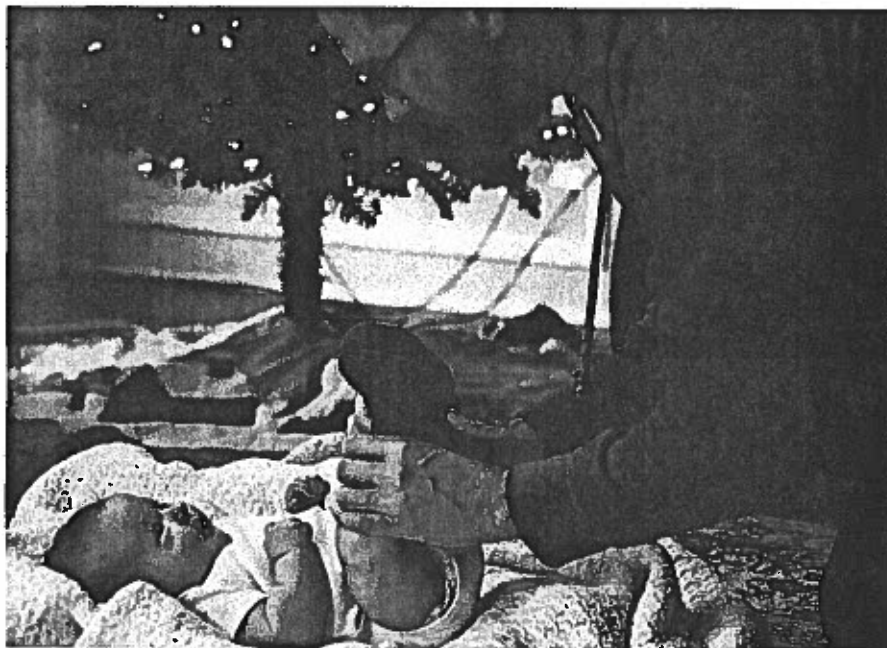
PREGNANCY & THE HOLIDAYS

<https://www.babymed.com/labor-delivery/10-tips-pregnant-women-due-during-holiday>

Your due date is smack-dab in the middle of the holiday season. Plus or minus a week or two, you could actually go into labor on Christmas, so how do you plan for the holiday and your birth at the same time?

- **Pack your hospital bag early.** Don't leave this task until the last minute. With all the boxes, gifts, wrapping paper strewn all over the place, make sure you collect everything you need at least two weeks in advance of your due date and keep the bag in a place where anyone can find it.
- **Don't travel too far from home.** Holiday travel is part of family celebration, but you should not be traveling more than a few miles from home close to your due date. Not only are long travel times painful and potentially dangerous (increased risk of blood clots in the legs); they take you away from your doctor and the hospital where you'll be delivering.
- **Skip family parties and get-togethers during the final days before your due date.** Crowded parties are the last place you want to be days before your due date. Many times, holiday parties involve mingling leaving few places to rest. You need to prop up your feet and rest at least 15 minutes every hour.
- **Rest as much as possible; then rest some more.** Rest is essential to your health, strength and immune system. The holidays naturally drain energy from our bodies, let alone when your pregnancy due date is looming near.
- **Don't feel obligated to attend every party.** Say no to parties if you are feeling under the weather or tired. The more stressed you are the less prepared you'll be to fight off infections and illness. You need strong body to recover after birth.
- **Remember, having a due date during the holiday season may feel stressful, but just remember that you'll be celebrating a birthday every year when sales are rampant and emotions filled with joy and love.**





DADS AND PREGNANCY

Holiday Tips for Dads

<http://www.fathers.com/s7-hot-topics/c58-holidays-seasonal/holiday-tips-for-dads-and-kids/>

Year-end holidays can make wonderful experiences and memories for dads and kids. They can also be stressful, and whip by incredibly fast. Here are a few tips to keep in mind for making the most of your holiday.

- **Presence always trumps presents.** More than any transient toy or other physical object, your kids crave your time and attention, so let them bask in your presence.
- **Give them a "Time Machine."** Instead of the latest electronic gadget, give your child time (and be sure to keep the commitments you make).
- **Redefine interactive.** Nowadays, interactive seems to mean a toy or machine that "interacts" with us people. Remember that what really builds families is interaction between people and other people!
- **Remember ritual.** Repetition of meaningful rituals is an important part of building holiday traditions and instilling positive holiday memories for a lifetime. Rituals can include attending religious worship services, having special friends and family for a traditional meal, reading a favorite story every year, making a special holiday morning breakfast, or anything else that draws you closer to each other. Take pictures to help remember—and be sure that YOU are in some of them!
- **Nurture the holiday spirit all year.** The holidays remind us what special people we have for children, family members, and friends. Try to remember and cherish that special feeling every day. We only get one crack at being our children's dad while they still are children. So let's make the most of it!

PROVIDERS CORNER

Retained Placenta

<http://americanpregnancy.org/pregnancy-complications/retained-placenta/>

A retained placenta occurs when the placenta remains in the womb and isn't delivered on its own naturally. When this happens, the process has to be manipulated so that the placenta can be removed from the woman's womb.

When the placenta fails to be completely removed from the womb an hour after the baby's delivery, this is the most obvious sign of a retained placenta.

The woman may experience symptoms like:

- fever
- a foul smelling discharge from the vaginal area
- large pieces of tissue coming from the placenta
- heavy bleeding
- pain that doesn't stop

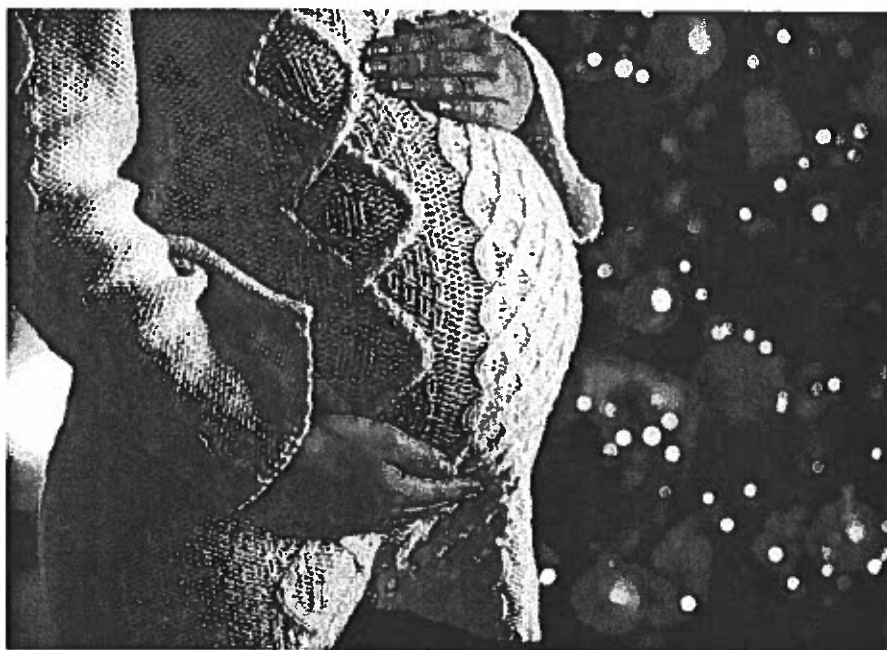
Certain factors increase the likelihood of a woman experiencing a retained placenta. They include:

- A pregnancy that occurs in women over the age of 30
- Having a premature delivery that takes place before the 34th week of gestation
- Experiencing an extremely long first and second stage of labor
- Delivering a stillborn baby

The treatment for a retained placenta is simply the removal of the placenta from the woman's womb.

Different methods are often employed to achieve this, and they include:

- A doctor may attempt to remove the placenta manually. However, this does carry some risk of infection.
- Medications that relax the uterus to make it contract can also be used to help expel the placenta from the womb.
- Breastfeeding can be utilized in some situations because the process causes the uterus to contract and may be enough to expel the uterus from the womb.



DID YOU KNOW...

Top reasons why it's awesome being pregnant during the holidays

<https://www.pregnancymagazine.com/pregnancy/pregnancy-lifestyle/top-10-reasons-why-its-awesome-being-pregnant-during-the-holidays>

- You can get out of almost anything. Dreading the thought of Christmas shopping? No problem – just pull the pregnancy card. While you should only use this once during the holiday season (to remain on your family's good side), it's perfectly okay to put the kibosh on something you're not looking forward to simply because you're not feeling up to it while pregnant. They'll take your word for it.
- There's no feeling guilty at the dinner table. Some of the best foods in existence are whipped up during the holidays, and this year you have a legitimate excuse to eat more of them than you normally would. Take advantage of the fact that you need extra calories by going back for seconds.
- Your holiday attire will never be more comfortable. Forget about that itchy Christmas sweater or tight dress on New Year's – now you have the opportunity to dress comfortably without getting any disapproving looks from your mother. Stretchy pants, loose tops and flat shoes are perfectly stylish.
- It's easy to spread the news. If you recently found out that you're pregnant, there's no better time than the holidays to share the news with your family and friends. And you won't have to waste money, gas or time making phone calls or visits!

The Life Choice Project

3813 N. Flannery Road
Baton Rouge, LA 70814
Phone: 225.273.1124
Toll Free: 888.823.1121

Caring to Love Ministries.

through the Life Choice Project,
offers critical, personal prenatal
care services and other supports
that often prevent women from
making like altering mistakes

WHAT'S NEW FOR MOMS:

Nuvo Ritmo Pregnancy Sound System

Want your babe to know all about Mozart and Beethoven before he or she even exits the womb? No need to put headphones on your belly. Play your favorite tunes for them through their very own sound system.



FITNESS & EXPECTANT MOTHERS:

How to Survive the Holidays When Pregnant

<https://www.fitpregnancy.com/pregnancy/how-survive-holidays-when-pregnant>

- Always keep water and snacks nearby If you're out shopping and checking your list twice for all you need to buy, or commuting from one holiday party to another, make sure you always have water nearby.
- Don't feel bad about saying 'no' You'll have a toddler in a few years, so now is a good time to go ahead and practice standing your ground. While you'd love to make it to your friend group's secret Santa, your husband's company party, your co-workers' cookie exchange and visit both your parents and your in-laws, now is the time to learn how to prioritize.
- Schedule time for yourself Between everything you have to buy, attend and do between now and the New Year, you might have trouble finding time to simply sit down. Channel your nursery-and-birth-planning skills toward your own sanity by scheduling an hour for you every single day.
- Fill up on the right nutrients Your pregnancy cravings might switch between craving those sugar cookies to absolutely needing mac-n-cheese right now, but it's more important than even to make sure you're filling up on the right foods with the best nutrients this time of year.

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-1117</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>November 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>744</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>211</u>
CUMMULATIVE 1st MONTH PARTICIPANTS	<u>955</u>

SECTION A-SALARY

Services Coordinator	Sanaretha Gray	1,900.00 ✓	
Home Prenatal Care Nurse	Kim Hardee	1,600.00 ✓	
Home Prenatal Care Educator	J Monic Adams	980.00 ✓	
Clerical Support Specialist		0.00	
	TOTAL SALARIES-Direct Svcs	4,480.00 ✓	4,480.00

SECTION B - FRINGE

Insurance	Direct Services	250.00 ✓	
FICA	Direct Services	342.72 ✓	
Worker's Compensation	Direct Services	106.10 ✓	
	TOTAL FRINGES-Direct Svcs	698.82	698.82

SECTION C - TRAVEL

Travel	Direct Services	197.88 ✓	
Travel	Direct Services	16.32 ✓	
	TOTAL TRAVEL-Direct Svcs	214.20	214.20

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95 ✓	
Printing	Direct Services	550.00 ✓	
Office Supplies	Direct Services	0.00	
Copy Machine	Direct Services	250.00 ✓	
Internet Service	Direct Services	195.00 ✓	
Media	Direct Services	0.00	
Website	Direct Services	14.95 ✓	
KNOWforSURE	Direct Services	875.00 ✓	
	TOTAL OPERATING EXPENSES FOR MONTH	2,222.90	2,222.90

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	2,200.00 ✓		
Performance Improvement Coord	Garcia Bodley	1,125.00 ✓		
Public Relations/Media Coord	Randy Rice	700.00 ✓		
Webmaster/Info Tech Cons.	Kathleen Benfield	262.50 ✓		
Information Technology Cons.	Turnkey	250.00 ✓		
Auditor Services	Michael Choate, CPA JHam/Rita	0.00		
Professional Technical Svc	Michelle/Emily/Alexis	1,950.00 ✓		
TOTAL PROFESSIONAL			6,487.50	6,487.50


SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	211	2,110.00
Positive Pregnancy Test	\$ 10.00	224	2,240.00
Negative Pregnancy Test	\$ 10.00	53	530.00
Abstinence Education	\$ 30.00	53	1,590.00
Counseling	\$ 40.00	239	9,560.00
Referral Services	\$ 10.00	171	1,710.00
Health Risk Assessment	\$ 30.00	202	6,060.00
Care Plan Development	\$ 30.00	158	4,740.00
On-going Care	\$ 30.00	125	3,750.00
Family Support Services	\$ 40.00	77	3,080.00
Home Outreach Support Services	\$ 75.00	44	3,300.00
Birth Outcome Confirmation	\$ 40.00	39	1,560.00
TOTAL OTHER CHARGES			40,230.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00		
Health Insurance		250.00		
TOTAL INDIRECT COST			4,750.00	4,750.00

TOTAL INVOICE \$ 59,083.42


Authorized Signature per Dorothy Wallis

Project Administrator 12/12/2017
Date

OFS Approval

Telephone Number 12/12/2017
Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA



Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 12/13/2017 8:07 AM

\$3,364.96
 Available Balance

Start Date End Date Transaction Type

12/8/2017 31 to 12/13/2017 31

Min Amount Max Amount Check #

\$0.00 to \$0.00 to

Apply Filters

Reset

Date	Description	ACH Pg #	Amount
DEC 12 2017	CPC-Nov 2017	71	(\$14,845.00)
DEC 12 2017	APC-Nov 2017	77	(\$10,055.00)
DEC 12 2017	WRC-Nov 2017	74	(\$6,400.00)
DEC 12 2017	Restoration-Nov 2017	86	(\$5,180.00)
DEC 12 2017	Catholic-Nov 2017	80	(\$1,580.00)
DEC 12 2017	CARING TO LOVE M Profession XXXXX7636	60, 62, 64, 66	(\$1,150.00)
DEC 12 2017	Gonzales CPC-Nov 2017	89	(\$1,100.00)
DEC 12 2017	WLM-Nov 2017	83	(\$1,070.00)
DEC 8 2017	D Wallis-Nov 2017	92	(\$4,500.00)

5

		ACH Pg #	
DEC 8 2017	Direct Mailing-Nov 2017	48	(\$2,200.00)
DEC 8 2017	Resources4Comm-Nov2017	50	(\$1,125.00)
DEC 8 2017	SFW Nov 2017	44	(\$875.00)
DEC 8 2017	J Ham-Nov 2017	56	(\$800.00)
DEC 8 2017	RandyRice-Nov 2017	52	(\$700.00)
DEC 8 2017	Printing-Social Nov 2017	36	(\$550.00)
DEC 8 2017	K Benfield-Nov 2017	54	(\$262.50)
DEC 8 2017	Travel-Nov J Adams	27	(\$197.88)
DEC 8 2017	Travel-Nov K Hardee	30	(\$16.32)

P.O.# 200 224936 - 1117
ACH Transfer Detail Grid for November 2017

ction	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank St Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	22-26,28-29	27,30	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	35	36	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	43	44	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	46-47	48	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	49	50	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	51	52	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	53	54	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	55	56	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	59	60	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	61	62	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	63	64	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	65	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	69	71	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	72	74	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	75	77	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	78	80	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	81	83	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	84	86	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	87	89	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	91	92	Gulf Coast Bank & Tst	5

PO# 2000 224936

SECTION A

SALARY

*Serviced
Coordinator*

0 • C
1,900 • x
7 • 65 %
145 • 35 *

1,900 • x
2 • 36843 %
45 • 00 *

145 • 35 +
190 • 35 +
335 • 70 *

0 • C

145 • 35 +
45 • 00 +
190 • 35 *

0 • C

*home prenatal
care educator*

0 • C
980 • x
7 • 65 %
74 • 97 *

980 • x
2 • 36843 %
23 • 21 *

0 • C

74 • 97 +
23 • 21 +
98 • 18 *

0 • C

*home
prenatal
care
nurse*

0 • C
0 • C
1,600 • x
7 • 65 %
122 • 40 *

1,600 • x
2 • 36843 %
37 • 89 *

0 • C
250 • 00 +
122 • 40 +
37 • 89 +
410 • 29 *

*total
funds*

0 • C
0 • C
0 • C
190 • 35 +
410 • 29 +
98 • 18 +
698 • 82 *

0 • C

SECTION A - SALARY
Caring To Love Ministries
LCP Payroll Summary-Nov17
 November 2017

1:45 PM

12/05/17

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
Employee Wages, Taxes and Adjustments				
Gross Pay				
Care Pregnancy Clinic Salary	1,800.00	2,060.00	3,225.68	7,085.68
Counseling Center Salary	0.00	0.00	0.00	0.00
Total Gross Pay	1,800.00	2,060.00	3,225.68	7,085.68
Deductions from Gross Pay				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	-452.22
Adjusted Gross Pay	1,800.00	2,060.00	2,773.46	6,633.46
Taxes Withheld				
Federal Withholding	0.00	-242.00	-366.00	-608.00
Medicare Employee	-26.10	-29.87	-46.77	-102.74
Social Security Employee	-111.60	-127.72	-199.99	-439.31
LA - Withholding	-38.56	-59.56	-78.72	-176.84
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-176.26	-459.15	-691.48	-1,326.89
Net Pay	1,623.74	1,600.85	2,081.98	5,306.57
Employer Taxes and Contributions				
Medicare Company	26.10	29.87	46.77	102.74
Social Security Company	111.60	127.72	199.99	439.31
Total Employer Taxes and Contributions	137.70	157.59	246.76	542.05

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray	1,900.00 ✓	151.25 ✓	145.35 ✓	45.00 ✓	190.35	2,090.35
Home Prenatal Care Nurse	Kim Hardee	1,600.00 ✓	250.00 ✓	122.40 ✓	37.89 ✓	410.29	2,010.29
Home prenatal Care Educator	J Monic Adams	980.00 ✓		74.97 ✓	23.21 ✓	98.18	1,078.18
Clerical Support						-	-
TOTALS		4,480.00	250.00	342.72	106.10	698.82	5,178.82

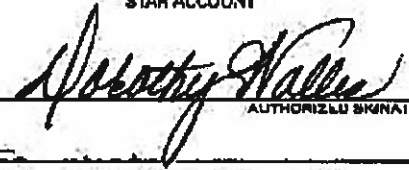
NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

Transactions Details

Posting Date	11/09/2017
Transaction Date	11/09/2017
Description	DDA CHECK 0000009388
Transaction Type	Debit
T/C	0077
Amount	\$859.35
Balance	\$3,553.28

Front

Back

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		WHITNEY BATON ROUGE LOUISIANA 84-18/654 11/5/17	9388
PAY TO THE ORDER OF Sanaretha A Gray		\$ 859.35	
Eight Hundred Fifty-Nine and 35/100			DOLLARS
Sanaretha A Gray PO Box 413 Prairieville, LA 70769		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 10/16/17 - 10/31/17			
009388 065400 53			

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1900.00 for month

Transactions Details

Posting Date	11/22/2017
Transaction Date	11/22/2017
Description	DDA CHECK 0000009399
Transaction Type	Debit
T/C	0077
Amount	\$741.50
Balance	\$9,360.39

Front

Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTANT PAPER WITH MICROPRINTED BORDER

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

9399

BATON ROUGE, LOUISIANA

84-15/554

11/20/17

PAY TO THE ORDER OF Sanaretha A Gray \$ 741.50

Seven Hundred Forty-One and 50/100 DOLLARS

Sanaretha A Gray
 PO Box 413
 Prairieville, LA 70789

VOID AFTER 60 DAYS
 STAR ACCOUNT

Roberta Waller
 AUTHORIZED SIGNATURE

MEMO Pay Period: 11/01/17 - 11/15/17

⑈009399⑈ ⑆065400153⑆

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1900.00 for month

Transactions Details

Posting Date	11/07/2017
Transaction Date	11/07/2017
Description	DDA CHECK 0000009389
Transaction Type	Debit
T/C	0077
Amount	\$1,105.52
Balance	\$6,784.33

Front	Back
-------	------

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WHITNEY BATON ROUGE, LOUISIANA
 84-15664

9389
 11/5/17

PAY TO THE ORDER OF **Kim A Hardee** \$ **1,105.52**

One Thousand One Hundred Five and 52/100 DOLLARS

Kim A Hardee
 15847 Haynes Bluff Ave
 Baton Rouge, LA 70817

VOID AFTER 60 DAYS
 STAR ACCOUNT

[Signature]
 AUTHORIZED SIGNATURE

MEMO Pay Period: 10/16/17 - 10/31/17

009389 065400153

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	11/29/2017
Transaction Date	11/29/2017
Description	DDA CHECK 0000009400
Transaction Type	Debit
T/C	0077
Amount	\$976.46
Balance	\$5,350.73

Front	Back
-------	------

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

BATON ROUGE, LOUISIANA
 94-15-654

9400
11/20/17

PAY TO THE ORDER OF Kim A Hardee **\$976.46**

Nine Hundred Seventy-Six and 46/100 DOLLARS

Kim A Hardee
 15947 Haynes Bluff Ave
 Baton Rouge, LA 70817

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO
 Pay Period: 11/01/17 - 11/15/17

AUTHORIZED SIGNATURE

009400 0065400153

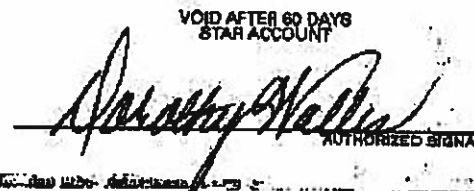
SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	11/08/2017
Transaction Date	11/08/2017
Description	DDA CHECK 0000009385
Transaction Type	Debit
T/C	0077
Amount	\$811.87
Balance	\$5,922.46

Front	Back
-------	------

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		BATON ROUGE LOUISIANA 84-16684 11/5/17	9385
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u>		\$ <u>**811.87</u>	
Eight Hundred Eleven and 87/100			DOLLARS
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 10/16/17 - 10/31/17			
SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator			

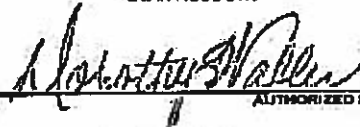
LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	11/20/2017
Transaction Date	11/20/2017
Description	TELLER CASHED DEBIT 0000009397
Transaction Type	Debit
T/C	0040
Amount	\$811.87
Balance	\$6,740.66

Front

Back

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		WHITNEY BATON ROUGE, LOUISIANA 84-18/654 11/20/17	9397
PAY TO THE ORDER OF Jashonda Monic Adams		\$ 811.87	
Eight Hundred Eleven and 87/100		DOLLARS	
Jashonda Monic Adams 11525 Sherwood Valley Ct Baton Rouge, LA 70818		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Pay Period: 11/01/17 - 11/15/17			
SECTION A-PERSONNEL: SERVICES - Home Prenatal Educator			

LCP Budget to reimburse CTLM = \$980.00 for month

PO# 2000 224936

SECTION B

FRINGES

EMPLOYEE DETAILS: CARING TO LOVE MINISTRIES

Group Name: CARING TO LOVE MINISTRIES
Group ID: 27A61ERC
Subgroup ID: 0000
Due Date: 11/15/2017

► **A001 - ACTIVE EMPLOYEES**

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Warden, Kim M	202227628	PPO	\$0.00	\$1,244.63	0	\$1,244.63
Wallis, Dorothy T	200579064	PPO	\$0.00	\$889.38	0	\$889.38
Totals						\$2,134.03

Jeanine M. LeBlanc

From: Jeanine M. LeBlanc
Sent: Thursday, December 21, 2017 10:07 AM
To: 'Dorothy Wallis'
Cc: vickiebdavis@gmail.com
Subject: RE: Reply to Blue Cross detail page for 11/15/17

Thank you. That should be all I need.

Happy Holidays!!

j

From: Dorothy Wallis [mailto:dwallis@ctlm.org]
Sent: Wednesday, December 20, 2017 10:37 PM
To: Jeanine M. LeBlanc
Cc: Dorothy Wallis; vickiebdavis@gmail.com
Subject: Reply to Blue Cross detail page for 11/15/17

Good evening Jeanine,

At your convenience, please have a look at the Blue Cross invoice dated 11/15/17; this reflects Dorothy Wallis and Kim Hardee's coverage and their premiums.

Kim Hardee's premium is \$1244. 65 per month.

Should you feel that I may be of further assistance, please feel free to contact me anytime.

GBS71137000181020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814Group ID : 27A6IERC
Subgroup ID : 0000Due Date: 11/15/2017
Billing Date: 10/30/2017Invoice Period From : 11/15/2017
Invoice Period Through: 12/14/2017
Invoice Number : 173030005313

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... \$2,134.03

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... \$2,134.03

Please Pay Total Amount Due

\$2,134.03

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

SECTION B-FRINGS-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

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Transactions Details

Posting Date	12/01/2017
Transaction Date	12/01/2017
Description	DDA CHECK 0000017776
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$5,916.31

Front

Back

CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 873-1184		WIDENEY BATON ROUGE, LOUISIANA 84-15/654	17776 11/30/17
PAY TO THE ORDER OF Blue Cross Blue Shield		BR Lobby NOV 30 2017	\$ 2,134.03
Two Thousand One Hundred Thirty-Four and 03/100 *****		DOLLARS	
Blue Cross Blue Shield P.O. Box 650007 Dallas, TX 75285		A/R REC'D NOV 30 2017	
MEMO Group ID 27A81ERC Subgroup 0000 11/15-12/14/		VOID AFTER 60 DAYS OPERATING ACCOUNT <i>Dorothy Keller</i> AUTHORIZED SIGNATURE	
⑈017776⑈ ⑈065400153⑈		⑈0000213403⑈	

SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



Electronic Federal Tax Payment System

HOME

ENROLLMENT

MY PROFILE

PAYMENTS

HELP & INFORMATION

CONTACT US

LOGOUT

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:

270774125199700

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information
Entered Data

Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$3,538.18
Settlement Date	12/07/2017
Subcategories:	
1 Social Security	\$1,998.72
2 Medicare	\$467.46
3 Tax Withholding	\$1,072.00
Account Number	xxxxx6585
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

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Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-1117

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$342.72 for month

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PO# 2000 224936-1117

Section B Pringles Workers' Comp



Workman's Comp Life Choice

LCTA CASUALTY INSURANCE COMPANY

SELF-REPORTING WORKSHEET

\$106.10 Section B

CTLM \$202.90

Total= \$309.00

 Policy Year: 11/21/2017
 Print Date: 11/21/2017

Care Pregnancy Clinic
 Caring to Love Ministries Inc
 3813 N Flannery
 Baton Rouge, LA 70814

Agent: 578
 Ozark South Central Insurance
 (225)775-7814
 Carrier Policy #: WC-1-019438-117
 Rating State: LA
 Payment Due: 12/15/2017

Policy No.: 001000019438117

Division: 0

 Policy period: 1/01/2017 - 1/01/2018
 Reporting Period: 11/01/2017 - 11/30/2017

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	7840.-	.29	22.74
8864	Social Svcs Org-All Employees	10,873.68	2.58	280.54
Life Choice = \$106.10 CTLM = \$202.90 TOTAL = \$309.00				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium		303.28
		(7) Increased Limits .000%		+
		(8) Subtotal		= 303.28
		(9) Discount factor before modifier		x 1.000
		(10) Subtotal		= 303.28
		(11) Experience Modifier		x
Months not reported:		(12) Subtotal		= 303.28
		(13) Discount factor after modifier		x 1.000
		(14) Total Premium Due		= 303.28
Make check payable to:		(15) Less Cents to round		< .28
LCTA Casualty Insurance Company		(16)		+
PO Box 86510		(17) Previous Balance		+ .00
Baton Rouge, LA 70879-8510		(18) Total Due		= 303.00

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie DavisTitle: AccountantDate: 12/4/17

Received

DEC 15 2017

Page: 1

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Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

BusinessServices@intuit.com

Wed 12/6/2017 1:28 PM

To: luv luv <luv@ctlm.org>;

Dear Care Pregnancy

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

Transaction Receipt			
Transaction Type	Sale	Amount:	\$309.00
Name:	Care Pregnancy	Date & Time:	12/06/2017 - 11:27 PST
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	252-471	Transaction ID:	a0hclgbl

Thank you for your order,
LCTA CASUALTY INSURANCE COMPANY

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$309.00 on or after 12/06/2017 - 11:27 PST . If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-1117

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = \$106.10 for month

TRAVEL

SECTION C

PO# 2000 224936

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$197.88

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashonda Adams

ADDRESS

11825 Sherwood Valley CT

CITY

Baton Rouge

DATE OF CLAIM

11-30-17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

11/1/17-11/30/17

Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost:	388	mi. @ .51	\$
			mi. @ .51	\$ 197.88
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients			\$ 197.88

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.



Home Prenatal Care Educator

East Baton Rouge

SIGNED BY PAYEE

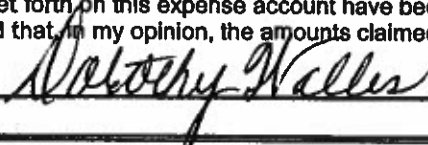
TITLE OR POSITION

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis



CEO/President

NAME

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$197.88

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97)									
September 2017									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Subsistence		
	Dep	Arr		Depart	Arrive		Lodging	Meals	Other Expenses
							No.	Cost	Description
11/1/2017	10:10:00 AM	10:36:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 3255 highway 1, LA Port Allen, LA, 70767	114463	114478	15			
11/1/2017	11:04:00 AM	11:40:00 AM	3255 highway 1, LA Port Allen, LA, 70767 to 3813 N. Flannery Rd, BR, LA 70814	114478	114493	15			
11/3/2017	11:49:00 AM	12:06:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 1682 N. Lobdell Blvd, BR, LA 70806	114517	114524	7			
11/3/2017	12:30:00 PM	12:48:00 PM	1682 N. Lobdell Blvd, BR, LA 70806 to 3813 N. Flannery Rd, BR, LA 70814	114524	114531	7			
11/3/2017	1:35:00 PM	1:53:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 9001 Summa Ave, BR, LA 70809	114531	114542	11			
11/3/2017	2:22:00 PM	2:44:00 PM	9001 Summa Ave, BR, LA 70809 to 3813 N. Flannery Rd, BR, LA 70814	114542	114553	11			
11/8/2017	12:00:00 PM	12:17:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 6255 Pontotoc St, BR, LA 70812	114687	114695	8			
11/8/2017	12:42:00 PM	12:56:00 PM	6255 Pontotoc St, BR, LA 70812 to 3813 N. Flannery Rd, BR, LA 70814	114695	114703	8			
11/10/2017	9:38:00 AM	9:50:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 3145 Dougherty Dr, BR, LA 70805	114760	114767	7			
11/10/2017	9:53:00 AM	10:09:00 AM	3145 Dougherty Dr, BR, LA 70805 to 3813 N. Flannery Rd, BR, LA 70814	114767	114774	7			
11/10/2017	11:43:00 AM	11:57:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 3145 Dougherty Dr, BR, LA 70805	114774	114781	7			
11/10/2017	12:12:00 PM	12:25:00 PM	3145 Dougherty Dr, BR, LA 70805 to 3813 N. Flannery Rd, BR, LA 70814	114781	114788	7			
11/10/2017	12:45:00 PM	12:55:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 9378 W. Tams Dr, BR, LA 70815	114788	114793	5			
11/10/2017	1:12:00 PM	1:27:00 PM	9378 W. Tams Dr, BR, LA 70815 to 3813 N. Flannery Rd, BR, LA 70814	114793	114798	5			
Total Miles Traveled						120			
Rate per Mile						0.51			
Total Amount to Bill						\$ 61.20			

ACH = \$197.88

Page 2 of 2 Travel Expense Form										P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97)										September 2017									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance			Meals		Tolls and		Other Expenses					
	Dep	Arr		Depart	Arrive		Lodging	No.	Cost	Parking	Tips	Description	Cost						
11/10/2017	2:35:00 PM	3:10:00 PM	3813 N.Flannery Rd, BR,LA 70814 to 544 W. Grant St, BR,LA 70802	114798	114811	13													
11/10/2017	3:25:00 PM	3:45:00 PM	544 W. Grant St, BR,LA 70802 6910 Airline hwy, BR,LA 70805	114811	114821	10													
11/10/2017	4:26:00 PM	4:40:00 PM	6910 Airline hwy, BR,LA 70805 3813 N.Flannery Rd, BR,LA 70814	114821	114828	7													
11/14/2017	02:40pm	03:12pm	3813 N.Flannery Rd, BR,LA 70814 to 12203 W. Brock Place, BR,LA 70807	114910	114924	14													
11/14/2017	3:37:00 PM	4:17:00 PM	12203 W. Brock Place, BR,LA 70807 3813 N.Flannery Rd, BR,LA 70814	114924	114938	14													
11/15/2017	11:32:00 AM	11:50:00 AM	3813 N.Flannery Rd, BR,LA 70814 to 4888 Hooper Rd apt A102, BR,LA 70811	114954	114955	11													
11/15/2017	12:00:00 PM	12:38:00 PM	4888 Hooper Rd apt A102, BR,LA 70811 to 3813 N.Flannery Rd, BR,LA 70814	114955	114976	11													
11/17/2017	10:15:00 AM	10:30:00 AM	3813 N.Flannery Rd, BR,LA 70814 to 1682 N. Loddell Blvd, BR,LA 70806	114982	114989	7													
11/17/2017	10:55:00 AM	11:15:00 AM	1682 N. Loddell Blvd, BR,LA 70806 to 3813 N.Flannery Rd, BR,LA 70814	114989	114996	7													
11/20/2017	10:12:00 AM	10:35:00 AM	3813 N.Flannery Rd, BR,LA 70814 to 202 Florida Ave, Denham Springs, LA 70726	115045	115052	7													
11/20/2017	11:00:00 AM	11:32:00 AM	202 Florida Ave, Denham Springs, LA 70726 3813 N.Flannery Rd, BR,LA 70814	115052	115059	7													
11/21/2017	12:15:00 PM	12:52:00 PM	3813 N.Flannery Rd, BR,LA 70814 to 198 Mary Lee Ln, Pine Grove, LA 70453	115080	115103	23													
11/21/2017	1:18:00 PM	1:57:00 PM	198 Mary Lee Ln, Pine Grove, LA 70453 to 3813 N.Flannery Rd, BR,LA 70814	115103	115126	23													
Total Miles Traveled																154			
Rate per Mile																0.51			
Total Amount to Bill																\$ 78.54			

Waited for client to return from wic appointment, never arrived v

ACH = \$197.88

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

September 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Subsistence			Tolls and		Other Expenses	
	Dep	Arr		Depart	Arrive		Lodging	No.	Cost	Parking	Tips	Description	Cost
11/22/2017	9:45:00 AM	10:08:00 AM	3813 N Flannery, BR, LA 70814 to 2080 N Lobbell ave, BR, LA 70814	115139	115146	7							
11/22/2017	10:24:00 AM	10:54:00 AM	2080 N Lobbell ave, BR, LA 70814 to 3813 N Flannery, BR, LA 70814	115146	115153	7							
11/22/2017	11:35:00 AM	11:58:00 AM	3813 N Flannery, BR, LA 70814 to 9115 Dancy Ave, BR, LA 70814	115153	115158	5							
11/22/2017	12:22:00 PM	12:48:00 PM	9115 Dancy Ave, BR, LA 70814 to 3813 N Flannery, BR, LA 70814	115158	115163	5							
11/22/2017	1:28:00 AM	1:52:00 AM	3813 N Flannery, BR, LA 70814 to 100 Women's Way, BR, LA 70817	115163	115171	8							
11/22/2017	2:17:00 AM	3:02:00 AM	100 Women's Way, BR, LA 70817 to 999 Rosenwald Rd, BR, LA 70807	115171	115185	14							
11/22/2017	3:02:00 PM	3:22:00 PM	999 Rosenwald Rd, BR, LA 70807 to 3813 N Flannery, BR, LA 70814 to	115179	115193	14							
11/22/2017	4:02:00 PM	4:12:00 PM	3813 N Flannery, BR, LA 70814 to 13146 Florida Blvd, BR, LA 70815	115206	115208	2							
11/22/2017	4:22:00 PM	4:36:00 PM	13146 Florida Blvd, BR, LA 70815 to 3813 N Flannery, BR, LA 70814	115208	115210	2							
11/29/2017	11:22:00 AM	11:35:00 AM	3813 N Flannery, BR, LA 70814 to 3275 Ottawa Dr, BR, LA 70819	115570	115574	4							
11/29/2017	11:53:00 AM	12:03:00 PM	3275 Ottawa Dr, BR, LA 70819 to 3813 N Flannery, BR, LA 70814	115574	115578	4							
11/29/2017	12:22:00 PM	1:00:00 PM	3813 N Flannery, BR, LA 70814 to 12134 Doverwood Dr, BR, LA	115578	115591	13							
11/29/2017	1:22:00 PM	1:58:00 PM	12134 Doverwood Dr, BR, LA to 3813 N Flannery, BR, LA 70814	115591	115604	13							

Total Miles Traveled 98
 Rate per Mile 0.51
 Total Amount to Bill \$ 49.98

25

12/7/2017

PO# 2000 224936-1117

Section C-Travel Gulf Coast Bank and Trust

Page 6 of 6

ACH = \$197.88

GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38799	LCP CHECKING xxxxxx6649	\$197.88

Tracking ID: 38799

Total Amount: \$197.88

Created: 12/07/2017 8:25 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/07/2017 8:39 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/7/2017

Effective: 12/8/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$197.88	XXXX6569	Checking	XXXXX0153	

Addenda: Travel-Nov J Adams

APPROVAL(S):

1 DOROTHY WALLIS

BA-12 (3/97)

The statement on the reverse side must be completed and signed by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Kim Hardee

ADDRESS

15947 Haynes Bluff Ave.

CITY

Baton Rouge, La. 70817

DATE OF TRIP

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

11/01/2017 to 11/30/2017

Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost:	32	mi. @ .51	\$
			mi. @ .51	\$ 16.32
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients			\$ 16.32

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

Kim Hardee

TITLE OR POSITION

Home Prenatal Care Nurse

OFFICIAL DOMICILE

E. Baton Rouge

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

SIGNED BY:

CEO/President

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

Page 2 of 2

[illegible]

12/7/2017

PO# 2000 224936-1117

Section C-Travel Gulf Coast Bank and Trust

Page 3 of 3

ACH = \$16.32



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38813	LCP CHECKING xxxxxx6649	\$16.32

Tracking ID: 38813

Total Amount: \$16.32

Created: 12/07/2017 8:41 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/07/2017 8:48 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/7/2017

Effective: 12/8/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$16.32	XXXX6569	Checking	XXXXX0153	

Addenda:

Travel-Nov K Hardee

APPROVAL(S):

1

DOROTHY WALLIS

printing

Ad America - 11-1-17 - \$163.95
Ad America - 11-1-17 - \$174.00
Randy Rice - 11-1-17 - \$550.00 pd
887.95

PO# 2000 224936

copy machine

Dehaze - 11/25/17 - \$ billed \$250.00 pd

SECTION D

internet

att - 11-19-17 - billed \$195.00 pd

OPERATING EXPENSES

Website - 11-20-17 - \$14.95 pd

Know for Sure

11-30-17 \$875.00 pd

0.00

0.00

0.00

163.95 +

174.00 +

550.00 +

887.95 *

887.95 +

250.00 +

195.00 +

14.95 +

875.00 +

2,222.90 *

0.00

31

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
11/1/2017	225841

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-1117		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
		Total	\$163.95

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
11/1/2017	225840

Bill To

Caring to Love Ministries
Life Choice Project
Dorothy Wallis
3813 North Flannery Road
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-1117		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America			
		Total	\$174.00

Transactions Details

Posting Date	11/10/2017
Transaction Date	11/10/2017
Description	DDA CHECK 0000017745
Transaction Type	Debit
T/C	0077
Amount	\$337.95
Balance	\$16,820.58

Front

Back

CARING TO LOVE MINISTRIES

OPERATING ACCOUNT
3813 N. FLANNISHY ROAD
BATON ROUGE, LA 70814
(225) 273-1124



BATON ROUGE,
LOUISIANA

17745

84-15/854

11/1/17

PAY TO THE ORDER OF Ad America

\$ 337.95

Three Hundred Thirty-Seven and 95/100

DOLLARS

Ad America
18308 Wickham Rd, Ste B
Olney, MD 20832

PO# 2000 224936-1117
MEMO

VOID AFTER 60 DAYS
OPERATING ACCOUNT

AUTHORIZED SIGNATURE

SECTION 3 Operating Expense Printing

⑈017745⑈ ⑆065400153⑆

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Randy Rice and Associates Budget to reimburse \$550 Randy Rice & Assoc.**Invoice**8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

DATE	INVOICE #
11/1/2017	13937

Caring to Love Ministries
3813 North Flannery
Baton Rouge, La 70814

DESCRIPTION	AMOUNT
October Social Media Social Media Marketing Campaign Facebook & Instagram 9,932 People Reached, 277 Post Engagements	550.00
Thank you for your business.	Total \$550.00

35

LCP Budget to reimburse \$550 Randy Rice & Assoc.



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38821	LCP CHECKING xxxxxx6649	\$550.00

Tracking ID: 38821

Total Amount: \$550.00

Created: 12/07/2017 8:50 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/07/2017 8:56 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/7/2017

Effective: 12/8/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$550.00	XXXXX7939	Checking	XXXXX0137	

Addenda:

Printing-Social Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 57053919
Due Date: 12/15/2017
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000570539190000555751

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25427116
Invoice Number: 57053919
Account Number: ~~57053919~~
Site Number: 5951293
Invoice Date: 11/25/2017
Period of Performance: 11/15/2017-12/14/2017
Due This Period: \$555.75

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Département	Payment Amount	Tax	Total Amount
25427116	25427116_1	25427116-1117	TOSHIBA / ES3505AC	25427116_1	Page 1 of 2			\$294.56	\$29.46	\$324.02
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States								\$27.75	\$2.78	\$30.53
SECTION B Operating Expense Copy Machine										
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States								\$158.58	\$15.86	\$174.44
LCP Budget to reimburse CEN = \$250.00 DeLage Landen Financial Services, Inc.										
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States										
Asset Amount Total:										\$528.99

\$250

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

Dorothy Wallis
ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	11/30/2017
Payment Method	CTLM Operating WHITNEY BANK *****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Thursday, November 30, 2017 12:00 PM ET will be posted on Thursday, November 30, 2017. Payments confirmed after Thursday, November 30, 2017 12:00 PM ET will be posted on Friday, December 01, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220.

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105329389	854059-3951293	11/25/2017	57053919	12/15/2017	\$555.75	\$555.75

PO# 2000 224936-1117

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



Invoice No. LCP 11/30/2017
P.O.# 2000 224936

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 11/30/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

SubTotal \$ 195.00

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

TOTAL \$ 195.00

Office Use Only

PO# 2000 224936-1117

Page 1 of 3

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



AT&T

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 2
Account Number 171-800-0934 001
Billing Date Nov 19, 2017
Questions? 1 800 358-1111
Web Site att.com

Invoice 1069431400
AT&T Tax ID 13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	721.56
Payment - Thank You!	721.56CR
Adjustments	.00
Balance	.00
Current Charges	721.56
Total Amount Due	\$721.56
Payment Due Date	Dec 19, 2017

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge
Sub-Account #829-000-2551 191 687.06
Sub-Account #831-000-6867 906 34.50
Total Group #000001 721.56
Total Current Charges 721.56

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

News You Can Use

ACCOUNT STATUS - Continued
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability

12/5/2017

PO# 2000 224936-1117 Section D-Operating Exp-Internet \$195.00

Page 3 of 3



Vickie Davis <vickiebdavis@gmail.com>

AT&T Business Payment Confirmation

1 message

g45810@att.com <g45810@att.com>

Tue, Dec 5, 2017 at 1:55 PM

To: vickiebdavis@gmail.com

Dear Valued Customer,

Thank you for making a payment on your AT&T account. Below are the details of the payment made today:

- **Account Number:**
- **Payment Type:** Credit Card
- **Payment Confirmation:** 5NW7CSR1U0651SQ 12/05/17 \$721.56

Thank you for doing business with AT&T and have a great day!

AT&T Proprietary

The information contained herein is for use by authorized persons only in accordance with the applicable AT&T Agreements and is not for general distribution.

This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited.

PO# 2000 224936-1117

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

41

*****Paid by Credit Card \$14.65 Wufoo.com *******Bill #2418089****Generated: 20 November 2017** **Print** **Email**

Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed to:
Dorothy H Wallis
3813 N. Flannery Road
Baton Rouge 70814
United States

PAID

Quantity	Description	Item Price	Total
1	Wufoo Subscription - From : November 20, 2017 to December 20, 2017	\$14.95	\$14.95

AMOUNT PAID : \$14.95**CREDIT CARD BILLED : **** * 848****TRANSACTION ID : 2691329**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:

<http://ctlm.wufoo.com/account/>.

Please send billing questions to billing@wufoo.com
and technical support questions to support@wufoo.com

Thank you for your business and thanks for using Wufoo!

The Wufoo Team

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

Invoice No. LCP 11/30/2017
P.O.# 2000 224936

INVOICE**Customer**

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge
Phone 225-273-1124

State LA ZIP 70814

Date 11/30/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

SubTotal \$ 875.00

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

TOTAL \$ 875.00

Office Use Only

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

12/7/2017

PO# 2000 224936-1117

Section D Operating Exp-KnowforSure

Page 2 of 2



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38829	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 38829

Total Amount: \$875.00

Created: 12/07/2017 9:00 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 12/07/2017 9:00 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 12/7/2017

ACH Header: CARING TO LOVE M

Effective: 12/8/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda:

SFW Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS

SECTION D Operating Expense-KNOWforSURE**LCP Budget to reimburse CTLM = \$875.00 for month**

PO# 2000 224936

SECTION F

PROFESSIONAL

0.00

0.00

0.00

800.00 +
250.00 +
250.00 +
150.00 +
500.00 +
1,950.00 *

1,950.00 +
2,200.00 +
1,125.00 +
700.00 +
262.00 +
250.00 +
6,487.00 *

0.00

Accounting - Vicki Davis - Nov. 2017 - \$2,200.00 - pd
Per. Labor - Patricia Bodley - 11.30.17 - \$1,125.00 - pd
Dental Med - Randy Rice - 11.30.17 - \$700.00 - pd
Webmaster / Lt. Kathleen Keefield - 11.30.17 - \$262.50 - pd
Ext. Cons - Turnkey - 11.1.17 - billed - \$250.00 - pd
Prof. Tech. Service - J. Hamlin - 11.30.17 - \$800.00 - pd
Sanatha Gray - 10.31.17 - \$250.00 - pd
Michelle Dyer - 11.30.17 - \$250.00 - pd
Emily J. Gentry - 11.30.17 - \$150.00 - pd
Alexis Farrugia - 11.30.17 - \$500.00 - pd

Direct Mailing Services, Inc.

ACH = \$2200.00

Invoice16959 Highland Club Ave
Baton Rouge, LA 70817

Date	Invoice #
11/30/2017	564

Bill ToLife Choice Project
CTLM
3813 N Flannery Rd
Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-November 2017	2,200.00	2,200.00
Thank you for the opportunity to serve you!		Total	\$2,200.00

ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0917
November 2017

Detailed Description for Professional: Accounting Services

		Direct Mailing Services (Vickie Davis)	\$ 2,200.00
<u>Date</u>	<u>Hours</u>	<u>Description</u>	
11/1/2017		8 Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
11/5/2017		8 Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
11/8-11/12/2017		16 Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
11/13-11/15/2017		14 Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
11/20/2017		6 Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
11/27/2017		7 Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
11/30/2017		5 Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
		<u>64 Total Hours Worked</u>	

12/7/2017

PO# 2000 224936-1117

Section F-Professional Accounting Svc

Page 3 of 3

ACH = \$2200.00

**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38830	LCP CHECKING xxxxxx6649	\$2,200.00

Tracking ID: 38830**Total Amount:** \$2,200.00**Created:** 12/07/2017 9:01 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 12/07/2017 9:01 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 12/7/2017**Effective:** 12/8/2017**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda:

Direct Mailing-Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS

Resources for Communities

Garcia Bodley
P.O. Box 73215
Baton Rouge, LA 70874
Phone: (225) 328-1965

Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814
(225) 273-1124

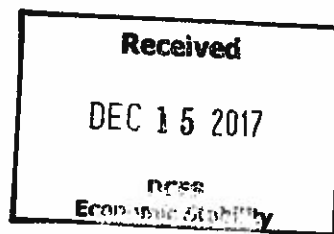
INVOICE

Invoice #: 2017-1100

For: Services: 30-Nov-17

Location: Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
11/2, 11/19	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
11/4, 11/12, 11/28	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
ongoing	Development and editing of E-Choice Month Newsletter	4		
11/15, 11/16	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		15	\$ 75.00	\$1,125.00





Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38832	LCP CHECKING xxxxxx6649	\$1,125.00

Tracking ID: 38832

Total Amount: \$1,125.00

Created: 12/07/2017 9:03 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/07/2017 9:03 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/7/2017

Effective: 12/8/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,125.00	XXXXX07195	Checking	XXXXX0090	

Addenda: Resources4Comm-Nov2017

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-1117 Section F-Professional-Performance Improv Page 2 of 2

ACH = \$1125.00

Randy Rice and Associates ACH = \$700.00

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
11/30/2017	13936

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
<p>November PR</p> <p>Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour</p> <p>4-Gathering of ratings for Radio and/or Television for each station 11-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 11-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 11-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 11-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 11-18-16 1.5-Send discrepancy notices for all spots not ran correctly 11-18-16 1-Issuance of credit in the event spots ran incorrectly 11-18-16 1-Arrange for Deliverables 11-18-16 1.5-Processing and delivery of Deliverables 11-18-16</p>	700.00
Thank you for your business.	Total \$700.00

12/7/2017

PO# 2000 224936-1117

Section F Professional-Public Relations

Page 2 of 2

ACH = \$700.00

**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38835	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 38835**Total Amount:** \$700.00**Created:** 12/07/2017 9:04 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 12/07/2017 9:04 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 12/7/2017**Effective:** 12/8/2017**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda:

RandyRice-Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS

ACH = ~~\$700.00~~ 262.50**Invoice****Kathleen Benfield Consultants**

P.O. Box 10305
New Orleans, LA 70181

Invoice #: 201171
Invoice Date: 11/30/2017

Terms

Net 30

Bill To:

Life Choice Project
Dorothy Wallis
3813 N. Flannery Rd.
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for November, 2017 including training, modifications to web based database and reporting			0.00
Website/Database Maintenance and Support 11/01/17	75.00	0.5	37.50
Website/Database Maintenance and Support 11/7/17	75.00	2	150.00
Website/Database Maintenance and Support 11/13/17	75.00	1	75.00

Total \$262.50

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due \$262.50

12/7/2017

**GULF COAST BANK
& Trust Company**ACH = ~~\$700.00~~ 262.50

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38836	LCP CHECKING xxxxxx6649	\$262.50

Tracking ID: 38836**Total Amount: \$262.50****Created: 12/07/2017 9:06 AM****Total Payments: 1****Created By: DOROTHY WALLIS****From: LCP CHECKING xxxxxx6649****Authorized: 12/07/2017 9:06 AM****ACH Class Code: CCD****Authorized By: DOROTHY WALLIS****ACH Header: CARING TO LOVE M****Will process On: 12/7/2017****Effective: 12/8/2017****RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$262.50	XXXXX8948	Checking	XXXXX0171	

Addenda:

K Benfield-Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
11/01/2017	10029268

Terms	Due Date	PO Number	Reference
Net 30 days	12/01/2017		Monthly Billing for December

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"
SEATS INCLUDED: 7
HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC
Mail to: 11911 Justice Ave, Baton Rouge, LA 70816
or use <https://www.billandpay.com/go/tks>
Thank you!

Invoice Subtotal:	1,101.04
Sales Tax:	109.82
Invoice Total:	1,210.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

\$250

55

<p align="center">Payment Receipt TurnKey Solutions, LLC 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p>			
<hr/>			
<p>Date: 11/16/2017</p>			
<p>Confirmation Code: 1464015-6681-1749626035</p>			
<p>Customer: Caring To Love Ministries</p>			
<p>Amount: \$1,210.86</p>			
<p>Name On Account: Dorothy H. Wallace</p>			
<p>Account: Credit Card *****0848</p>			
<hr/>			
Item	Date Created	Due Date	Amount Paid
			\$1,210.86

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

56

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

J HAM ENTERPRISES, INC.

INVOICE

Date: November 30, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Pregnancy Help Center Consulting
November 2017
27 hours @ \$30.00 per hour

Amount Due:

\$800.00

Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
1	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

12/7/2017

PO# 2000 224936-1117 Section F-Professional Prof Tech Svc.

Page 2 of 10

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38840	LCP CHECKING xxxxxx6649	\$800.00

Tracking ID: 38840**Total Amount:** \$800.00**Created:** 12/07/2017 9:07 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** J HAM & Associates**Authorized:** 12/07/2017 9:07 AM**From:** LCP CHECKING xxxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 12/7/2017**ACH Header:** CARING TO LOVE M**Effective:** 12/8/2017**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

Addenda: J Ham-Nov 2017**APPROVAL(S):**

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE

Date: October 31, 2017

Attention: Dorothy Wallis

Bill to:
Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:
Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769

Description
Pregnancy Help Center Consulting
November 2017
25 hours @ \$10.00 per hour

Amount due:
\$250.00

Summary description of activities by category:

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41070	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 41070
 Total Amount: \$1,150.00

Created: 12/11/2017 11:52 AM
 Total Payments: 4

Created By: DOROTHY WALLIS
 Description: Professional Service

Authorized: 12/11/2017 11:52 AM
 From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS
 ACH Class Code: PPD

Will process On: 12/11/2017
 ACH Header: CARING TO LOVE M

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulia		\$500.00	XXXXX71153	Checking	XXXXX0090	
Addenda: A Farrulia Nov 2017							
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	
Addenda: E Ilgenfritz Nov 2017							
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	
Addenda: M Dyess Nov 2017							
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	
Addenda: S Gray Nov 2017							

APPROVAL(S):

1	DOROTHY WALLIS
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ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** November 30, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785**Description**Pregnancy Help Center Consulting
November 2017
10 hours @ \$25.00 per hour**Amount due:**

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visits to 3 Care Pregnancy Clinic; Care Pregnancy of Baton Rouge, Restoration PRC, and Women's Life Ministries - Audit of 10% of present month client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

12/11/2017

PO# 2000 224936-1117 Section F-Professional-Prof Tech Svc.

Page 6 of 10

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41070	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 41070

Total Amount: \$1,150.00

Created: 12/11/2017 11:52 AM

Total Payments: 4

Created By: DOROTHY WALLIS

Description: Professional Service

Authorized: 12/11/2017 11:52 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 12/11/2017

ACH Header: CARING TO LOVE M

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrulla Nov 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650
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Addenda: E Ilgenfritz Nov 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153
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Addenda: M Dyess Nov 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511
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Addenda: S Gray Nov 2017

APPROVAL(5):

1	DOROTHY WALLIS
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62

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** November 30th, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Emily Ilgenfritz
10012 Rocky Knoll Circle
Shreveport, LA 71106**Description**Pregnancy Help Center Consulting
November 2017
10 hours @ \$15.00 per hour**Amount due:**

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

12/11/2017

PO# 2000 224936-1117 Section F-Professional-Prof Tech Svc.

Page 8 of 10

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41070	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 41070

Total Amount: \$1,150.00

Created: 12/11/2017 11:52 AM

Total Payments: 4

Created By: DOROTHY WALLIS

Description: Professional Service

Authorized: 12/11/2017 11:52 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 12/11/2017

ACH Header: CARING TO LOVE M

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrulla Nov 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650
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Addenda: E Ilgenfritz Nov 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153
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Addenda: M Dyess Nov 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511
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Addenda: S Gray Nov 2017

APPROVAL(S):

1	DOROTHY WALLIS
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64

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

INVOICE**Date:** November 30, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121**Description**Pregnancy Help Center Consulting
November 2017
20 hours @ \$25.00 per hour**Amount due:**

\$500.00

Summary description of activities by category:

Hours	Activity
3	Compliance visits to ACCESS Pregnancy Center - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & submission of Compliance Documents
15	Review and verification of Clinic billing packets, compilation of error report

65

12/11/2017

PO# 2000 224936-1117

Section F-Professional-Prof Tech Svc.

Page 10 of 10


GULF COAST BANK
 & Trust Company

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41070	LCP CHECKING xxxxxx6649	\$1,150.00

Tracking ID: 41070

Total Amount: \$1,150.00

Created: 12/11/2017 11:52 AM

Total Payments: 4

Created By: DOROTHY WALLIS

Description: Professional Service

Authorized: 12/11/2017 11:52 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 12/11/2017

ACH Header: CARING TO LOVE M

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrulla	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrulla Nov 2017

Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	
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Addenda: E Ilgenfritz Nov 2017

Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	
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Addenda: M Dyess Nov 2017

Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	
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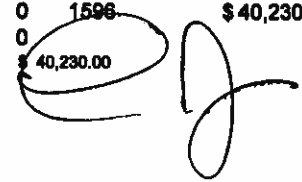
Addenda: S Gray Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS

	care prog	women ree ct	prog ct	access	women life	restoration	cpc gonzales				
intake applications	90	28	44	9	3	28	9	211	\$10.00	\$	2,110.00
pregnancy tests	86	37	65	9	2	22	3	224	\$10.00	\$	2,240.00
negative pregnancy tests	28	5	7	0	1	6	6	53	\$10.00	\$	530.00
abstinence education	28	5	7	0	1	6	6	53	\$30.00	\$	1,590.00
counseling	86	37	65	11	6	28	6	239	\$40.00	\$	9,560.00
referral	85	23	37	8	2	13	3	171	\$10.00	\$	1,710.00
health risk assessment	83	31	46	9	2	28	3	202	\$30.00	\$	6,060.00
care plan development	62	23	37	9	2	22	3	158	\$30.00	\$	4,740.00
on going monitoring	45	22	37	2	4	12	3	125	\$30.00	\$	3,750.00
family support	3	11	29	6	7	18	3	77	\$40.00	\$	3,080.00
home outreach support	21	8	9	0	0	6	0	44	\$75.00	\$	3,300.00
birth outcomes	7	13	7	1	5	4	2	39	\$40.00	\$	1,560.00
								0	1596		\$40,230.00
								0			
	\$ 14,845.00	\$ 6,400.00	\$ 10,055.00	\$ 1,580.00	\$ 1,070.00	\$ 5,180.00	\$ 1,100.00	\$ 40,230.00			

0 1596
0
\$ 40,230.00



PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Nov 2017 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	741	Cumm 2nd Visits Last Month	588
Number of New Participants	211	New 2nd Visits	202
Cummulative Participants	955	Cumm 2nd Visits	790

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	211	\$ 2,110.00
2 Positive Pregnancy Test	\$ 10.00	224	\$ 2,240.00
3 Negative Pregnancy Test	\$ 10.00	83	\$ 530.00
4 Abstinence Education	\$ 30.00	53	\$ 1,590.00
5 Counseling	\$ 40.00	239	\$ 9,560.00
6 Referral Services	\$ 10.00	171	\$ 1,710.00
7 Health Risk Assessment	\$ 30.00	202	\$ 6,060.00
8 Care Plan Development	\$ 30.00	158	\$ 4,740.00
9 On-going Care	\$ 30.00	125	\$ 3,750.00
10 Family Support Services	\$ 40.00	77	\$ 3,080.00
11 Home Outreach Support Services	\$ 75.00	44	\$ 3,300.00
12 Birth Outcome Confirmation	\$ 40.00	39	\$ 1,560.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,586	\$ 40,230.00

Amount Due	\$ 40,230.00
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Summary:

Care Pregnancy Clinic	\$ 14,845.00
Women's Resource Center of Natch LA	\$ 6,400.00
A Pregnancy Center	\$ 10,055.00
Access Pregnancy-(Catholic Charities)	\$ 1,580.00
Women's Life Ministries	\$ 1,070.00
Restoration House	\$ 5,180.00
CPC-Gonzales	\$ 1,100.00

TOTAL ALL CENTERS

\$ 40,230.00

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Care Pregnancy Clinic
Project Number LCP17-18-01
Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 12/09/2017)
Report Submitted By Deborah Clayton
Address 3813 N. Flannery Rd.
City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins Date	Center ID
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REIMBURSEMENT

New Pos. Clients:86 2nd:61 3rd:24 Pantry:87 Home:21 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	90	\$10	\$ 900
Positive Pregnancy Test	86	\$10	\$ 860
Negative Pregnancy Test	28	\$10	\$ 280
Abstinence Education	28	\$30	\$ 840
Counseling	86	\$40	\$ 3440
Referral Services	85	\$10	\$ 850
Health Risk Assessment	83	\$30	\$ 2490
Care Plan Development	62	\$30	\$ 1860
On-Going Care/Monitoring	45	\$30	\$ 1350
Family Support Services	3	\$40	\$ 120
Home Outreach Support Services	21	\$75	\$ 1575
Birth Outcome Confirmation	7	\$40	\$ 280

Total Services	624	\$ 14845
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	260	Cumm 2nd Visits Last Month	197
Number of New Participants for This Month	90	New 2nd Visits	83
Cummulative Participants	350	Cumm 2nd Visits	280

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	90	\$ 900.00
2 Positive Pregnancy Test	\$ 10.00	86	\$ 860.00
3 Negative Pregnancy Test	\$ 10.00	28	\$ 280.00
4 Abstinence Education	\$ 30.00	28	\$ 840.00
5 Counseling	\$ 40.00	86	\$ 3,440.00
6 Referral Services	\$ 10.00	85	\$ 850.00
7 Health Risk Assessment	\$ 30.00	83	\$ 2,490.00
8 Care Plan Care	\$ 30.00	62	\$ 1,860.00
9 On-going Care	\$ 30.00	45	\$ 1,350.00
10 Family Support Services	\$ 40.00	3	\$ 120.00
11 Home Outreach Support Services	\$ 75.00	21	\$ 1,575.00
12 Birth Outcome Confirmation	\$ 40.00	7	\$ 280.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		624	\$ 14,845.00

Amount Due \$ 14,845.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41162	LCP CHECKING xxxxxx6649	\$14,845.00

Tracking ID: 41162

Total Amount: \$14,845.00

Created: 12/11/2017 1:44 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:44 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$14,845.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC-Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS

71

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
 Project Number LCP17-18-04
 Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 12/01/2017)
 Report Submitted By Danette Westfall
 Address 107 North Street
 City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:37 2nd:23 3rd:14 Pantry:31 Home:8 Postpartum:13

Description of Service	#Served	Reimb. Cost	Total
Intake Application	28 ✓✓	\$10	\$ 280
Positive Pregnancy Test	37 ✓✓	\$10	\$ 370
Negative Pregnancy Test	5 ✓✓	\$10	\$ 50
Abstinence Education	5 ✓✓	\$30	\$ 150
Counseling	37 ✓✓	\$40	\$ 1480
Referral Services	23 ✓✓	\$10	\$ 230
Health Risk Assessment	31 ✓✓	\$30	\$ 930
Care Plan Development	23 ✓✓	\$30	\$ 690
On-Going Care/Monitoring	22 ✓✓	\$30	\$ 660
Family Support Services	11 ✓✓	\$40	\$ 440
Home Outreach Support Services	8 ✓✓	\$75	\$ 600
Birth Outcome Confirmation	13 ✓✓	\$40	\$ 520

Total Services

244 243

\$

6440 6400

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

☐
☐

Total Billed

☐
☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	115	Cumm 2nd Visits Last Month	101
Number of New Participants for This Month	28	New 2nd Visits	31
Cummulative Participants	143	Cumm 2nd Visits	132

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	28	\$ 280.00
2 Positive Pregnancy Test	\$ 10.00	37	\$ 370.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	37	\$ 1,480.00
6 Referral Services	\$ 10.00	23	\$ 230.00
7 Health Risk Assessment	\$ 30.00	31	\$ 930.00
8 Care Plan Care	\$ 30.00	23	\$ 690.00
9 On-going Care	\$ 30.00	22	\$ 660.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	8	\$ 600.00
12 Birth Outcome Confirmation	\$ 40.00	13	\$ 520.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		243	\$ 6,400.00

Amount Due \$ 6,400.00





GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41165	LCP CHECKING xxxxxx6649	\$6,400.00

Tracking ID: 41165

Total Amount: \$6,400.00

Created: 12/11/2017 1:45 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:46 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$6,400.00	XXXX078	Checking	XXXXX2949	

Addenda: WRC-Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
Project Number LCP17-18-103
Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 12/01/2017)
Report Submitted By Denise Williamson
Address 913 S. College Rd Ste 206
City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:65 2nd:37 3rd:28 Pantry:74 Home:9 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	44	\$10	\$ 440
Positive Pregnancy Test	65	\$10	\$ 650
Negative Pregnancy Test	7	\$10	\$ 70
Abstinence Education	7	\$30	\$ 210
Counseling	65	\$40	\$ 2600
Referral Services	37	\$10	\$ 370
Health Risk Assessment	46	\$30	\$ 1380
Care Plan Development	37	\$30	\$ 1110
On-Going Care/Monitoring	37	\$30	\$ 1110
Family Support Services	29-37	\$40	\$ 1240 1160 SA
Home Outreach Support Services	9	\$75	\$ 675
Birth Outcome Confirmation	7	\$40	\$ 280

Total Services 292 390 \$ 10135 10,055 SA

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy Center**LCP-17-18-103**

Cumm from Last Month	156	Cumm 2nd Visits Last Month	131
Number of New Participants for This Month	44	New 2nd Visits	46
Cummulative Participants	200	Cumm 2nd Visits	177

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	44	\$ 440.00
2 Positive Pregnancy Test	\$ 10.00	65	\$ 650.00
3 Negative Pregnancy Test	\$ 10.00	7	\$ 70.00
4 Abstinence Education	\$ 30.00	7	\$ 210.00
5 Counseling	\$ 40.00	65	\$ 2,600.00
6 Referral Services	\$ 10.00	37	\$ 370.00
7 Health Risk Assessment	\$ 30.00	46	\$ 1,380.00
8 Care Plan Care	\$ 30.00	37	\$ 1,110.00
9 On-going Care	\$ 30.00	37	\$ 1,110.00
10 Family Support Services	\$ 40.00	29	\$ 1,160.00
11 Home Outreach Support Services	\$ 75.00	9	\$ 675.00
12 Birth Outcome Confirmation	\$ 40.00	7	\$ 280.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		390	\$ 10,055.00

Amount Due \$ 10,055.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41168	LCP CHECKING xxxxxx6649	\$10,055.00

Tracking ID: 41168

Total Amount: \$10,055.00

Created: 12/11/2017 1:47 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:47 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$10,055.00	XXXX2775	Checking	XXXXX0222	

Addenda: APC-Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access Metairie (Catholic Charities)
 Project Number LCP17-18-107-1
 Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 11/29/2017)
 Report Submitted By Kay Bongard
 Address 921 Aris Avenue
 City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:9 2nd:8 3rd:2 Pantry:22 Home:0 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	9	\$10	\$ 90
Positive Pregnancy Test	9	\$10	\$ 90
Negative Pregnancy Test	0	\$10	\$ 0
Abstinence Education	0	\$30	\$ 0
Counseling	11	\$40	\$ 440
Referral Services	8	\$10	\$ 80
Health Risk Assessment	9	\$30	\$ 270
Care Plan Development	9	\$30	\$ 270
On-Going Care/Monitoring	2	\$30	\$ 60
Family Support Services	6	\$40	\$ 240
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	1	\$40	\$ 40

Total Services	64	\$ 1580
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:	<input type="checkbox"/>	<input type="checkbox"/>
Total Billed	<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature
 Supervisor's Signature
 Data Entry Clerk's Signature

M. Black
on. [Signature]
[Signature]

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cummm from Last Month 49 Cummm 2nd Visits Last Month 40

Number of New Participants for This Month 9 New 2nd Visits 9

Cumulative Participants 58 Cummm 2nd Visits 49

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	9	\$ 90.00
2 Positive Pregnancy Test	\$ 10.00	9	\$ 90.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	11	\$ 440.00
6 Referral Services	\$ 10.00	8	\$ 80.00
7 Health Risk Assessment	\$ 30.00	9	\$ 270.00
8 Care Plan Care	\$ 30.00	9	\$ 270.00
9 On-going Care	\$ 30.00	2	\$ 60.00
10 Family Support Services	\$ 40.00	6	\$ 240.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		64	\$ 1,580.00

Amount Due \$ 1,580.00



**GULF COAST BANK
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41170	LCP CHECKING xxxxxx6649	\$1,580.00

Tracking ID: 41170

Total Amount: \$1,580.00

Created: 12/11/2017 1:48 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:48 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$1,580.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Catholic-Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS

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Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Life Ministries
 Project Number LCP17-18-112
 Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 11/30/2017)
 Report Submitted By Teresa Ragusa
 Address 3813 N. Flannery Road
 City State Zip Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:2 2nd:2 3rd:4 Pantry:6 Home:0 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	3	\$10	\$ 30
Positive Pregnancy Test	2	\$10	\$ 20
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	6	\$40	\$ 240
Referral Services	2	\$10	\$ 20
Health Risk Assessment	2	\$30	\$ 60
Care Plan Development	2	\$30	\$ 60
On-Going Care/Monitoring	4	\$30	\$ 120
Family Support Services	7	\$40	\$ 280
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	5	\$40	\$ 200

Total Services 35 \$ 1070

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Teresa Ragusa
Dorothy Wallis
Cheryl Joy Parker

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services**P.O.# 2000 224936****Women's Life Ministries****LCP17-18-112**

Cumm from Last Month	27	Cumm 2nd Visits Last Month	22
Number of New Participants for This Month	3	New 2nd Visits	2
Cummulative Participants	30	Cumm 2nd Visits	24

REIMBURSEMENT**Client Services:**

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	3	\$ 30.00
2 Positive Pregnancy Test	\$ 10.00	2	\$ 20.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	6	\$ 240.00
6 Referral Services	\$ 10.00	2	\$ 20.00
7 Health Risk Assessment	\$ 30.00	2	\$ 60.00
8 Care Plan Care	\$ 30.00	2	\$ 60.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	7	\$ 280.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		35	\$ 1,070.00

Amount Due \$ **1,070.00**



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41171	LCP CHECKING xxxxxx6649	\$1,070.00

Tracking ID: 41171

Total Amount: \$1,070.00

Created: 12/11/2017 1:49 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:50 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS LIFE MINISTRIES	WOMENS LIFE MINISTRIES		\$1,070.00	XXXXX24618	Checking	XXXXX5690	

Addenda:

WLM-Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS

83

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.
 Project Number LCP17-18-116
 Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 11/30/2017)
 Report Submitted By Tara Hudgins
 Address
 City State Zip

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:22 2nd:13 3rd:6 Pantry:37 Home:6 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	28	\$10	\$ 280
Positive Pregnancy Test	22	\$10	\$ 220
Negative Pregnancy Test	6	\$10	\$ 60
Abstinence Education	6	\$30	\$ 180
Counseling	28	\$40	\$ 1120
Referral Services	13	\$10	\$ 130
Health Risk Assessment	28	\$30	\$ 840
Care Plan Development	22	\$30	\$ 660
On-Going Care/Monitoring	12	\$30	\$ 360
Family Support Services	18	\$40	\$ 720
Home Outreach Support Services	6	\$75	\$ 450
Birth Outcome Confirmation	4	\$40	\$ 160

Total Services 193 \$ 5180

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Beck Dai
Marlene Behrens RN
Kristi Blumner

*** FOR OFFICIAL USE ONLY ***

84

SECTION G Coordinated Prenatal Care Services**P.O.# 2000 224936****Restoration House****LCP 17-18-116**

Cumm from Last Month	87	Cumm 2nd Visits Last Month	81
Number of New Participants for This Month	28	New 2nd Visits	28
Cummulative Participants	115	Cumm 2nd Visits	109

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	28	\$ 280.00
2 Positive Pregnancy Test	\$ 10.00	22	\$ 220.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	28	\$ 1,120.00
6 Referral Services	\$ 10.00	13	\$ 130.00
7 Health Risk Assessment	\$ 30.00	28	\$ 840.00
8 Care Plan Care	\$ 30.00	22	\$ 660.00
9 On-going Care	\$ 30.00	12	\$ 360.00
10 Family Support Services	\$ 40.00	18	\$ 720.00
11 Home Outreach Support Services	\$ 75.00	6	\$ 450.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		193	\$ 5,180.00

Amount Due \$ 5,180.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41173	LCP CHECKING xxxxxx6649	\$5,180.00

Tracking ID: 41173

Total Amount: \$5,180.00

Created: 12/11/2017 1:50 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:51 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$5,180.00	XXXX176	Checking	XXXXX5459	

Addenda:

Restoration-Nov 2017

APPROVAL(S):

1

DOROTHY WALLIS

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales
Project Number LCP17-18-01-1
Date of Report 11/01/2017 thru 11/30/2017 (Report Printed: 11/30/2017)
Report Submitted By Michelle Dyess
Address 322 E. Worthy
City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:3 2nd:3 3rd:3 Pantry:2 Home:0 Postpartum:2

Description of Service	#Served	Reimb. Cost	Total
Intake Application	9	\$10	\$ 90
Positive Pregnancy Test	3	\$10	\$ 30
Negative Pregnancy Test	6	\$10	\$ 60
Abstinence Education	6	\$30	\$ 180
Counseling	6	\$40	\$ 240
Referral Services	3	\$10	\$ 30
Health Risk Assessment	3	\$30	\$ 90
Care Plan Development	3	\$30	\$ 90
On-Going Care/Monitoring	3	\$30	\$ 90
Family Support Services	3	\$40	\$ 120
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	2	\$40	\$ 80

Total Services	47	\$ 1100
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☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Michelle Dyess
Michelle Dyess
Michelle Dyess

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	50	Cumm 2nd Visits Last Month	16
Number of New Participants for This Month	9	New 2nd Visits	3
Cummulative Participants	59	Cumm 2nd Visits	19

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	9	\$ 90.00
2 Positive Pregnancy Test	\$ 10.00	3	\$ 30.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	6	\$ 240.00
6 Referral Services	\$ 10.00	3	\$ 30.00
7 Health Risk Assessment	\$ 30.00	3	\$ 90.00
8 Care Plan Care	\$ 30.00	3	\$ 90.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	3	\$ 120.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	2	\$ 80.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		47	\$ 1,100.00

Amount Due \$ 1,100.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/11/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 41175	LCP CHECKING xxxxxx6649	\$1,100.00

Tracking ID: 41175

Total Amount: \$1,100.00

Created: 12/11/2017 1:52 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 12/11/2017 1:52 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 12/11/2017

Effective: 12/12/2017

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$1,100.00	XXXX6569	Checking	XXXXX0153	

Addenda: Gonzales CPC-Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936

SECTION I

INDIRECT COST



Invoice

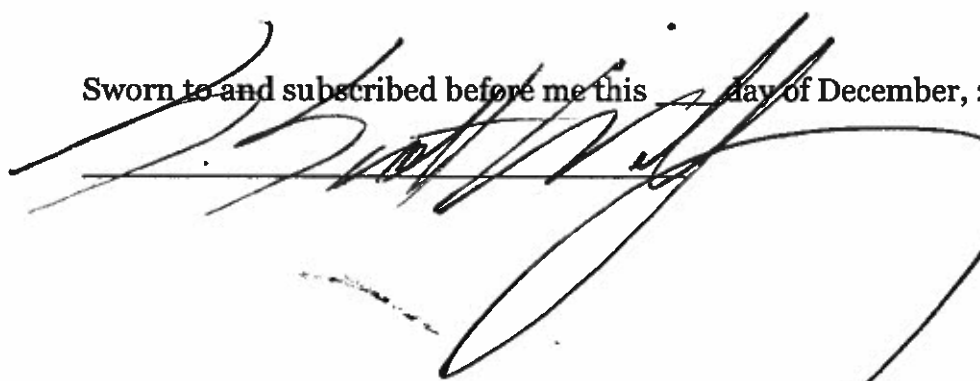
November 2017

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00


Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this _____ day of December, 2017


S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire



GULF COAST BANK
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
12/7/2017	Authorized	1 of 1	ACH Batch - Tracking ID: 38914	LCP CHECKING xxxxxx6649	\$4,500.00

Tracking ID: 38914

Total Amount: \$4,500.00

Created: 12/07/2017 10:10 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: DOROTHY WALLIS, CEO

Authorized: 12/07/2017 10:10 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 12/7/2017

ACH Header: CARING TO LOVE M

Effective: 12/8/2017

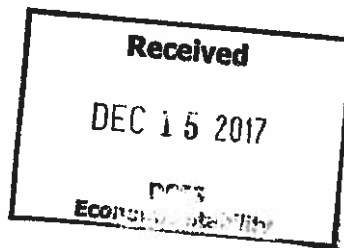
RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXXX49388	Checking	XXXXX0137	

Addenda: D Wallis-Nov 2017

APPROVAL(S):

1 DOROTHY WALLIS



Caring to Love Ministries - Time Study Monthly Reporting Form

Period: November 2017

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours
LCP	6.8	7.7	7.7	5.1	6	7.7	6.8	6.8	8.5	7.7	5.1	0	7.7	7.7	6.8	7.7	7.7	4.3	0	7.7	7.7	0	0	0	5.1	0	8.5	0	7.7	7.7	0	135.55
ADMN	1.2	1.4	1.4	.9	0	1.4	1.2	1.2	1.5	1.4	.9	0	1.4	1.4	1.2	1.4	1.4	.8	0	1.4	1.4	0	0	0	.9	0	1.5	0	1.4	1.4	0	27.45
Hours	8	9	9	6	0	9	8	8	10	9	6	0	9	9	8	9	9	5	0	9	9	0	0	0	6	0	10	0	9	9	0	183.0

Employee Signature:

Dorothy Wallis

Date:

Dec 4, 2017

Supervisor Signature:

James French

Date:

12-5-17

GBS71137000181020

**Group Payment Notice****CARING TO LOVE MINISTRIES**ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814Group ID : 27A61ERC
Subgroup ID : 0000Due Date: 11/15/2017
Billing Date: 10/30/2017Invoice Period From : 11/15/2017
Invoice Period Through: 12/14/2017
Invoice Number : 173030005313

Subscriber Count: 2

Outstanding Balance..... \$0.00
Premiums This Period..... \$2,134.03
Member Adjustments..... \$0.00
Fees and Other Adjustments..... \$0.00
Current Billed Amount..... \$2,134.03

Please Pay Total Amount Due**\$2,134.03**

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

SECTION I Indirect Cost-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

94

Transactions Details

Posting Date	12/01/2017
Transaction Date	12/01/2017
Description	DDA CHECK 0000017776
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$5,916.31

Front

Back

CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		BR Lobby NOV 30 2017	17776 11/30/17
PAY TO THE ORDER OF <u>Blue Cross Blue Shield</u>	\$ **2,134.03	DOLLARS	
Two Thousand One Hundred Thirty-Four and 03/100 *****			
Blue Cross Blue Shield P.O. Box 650007 Dallas, TX 75285	A/R REC'D NOV 30 2017	VOID AFTER 60 DAYS OPERATING ACCOUNT <i>Dorothy Keller</i> AUTHORIZED SIGNATURE	
MEMO Group ID 27A51ERC Subgroup 0000 11/15-12/14/			
⑈017776⑈ ⑈065400153⑈		⑈0000213403⑈	

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month